

1.) CORPORATION NAME:

CHUBB INDEMNITY INSURANCE COMPANY

DUE DATE: **7/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

ATTORNEY

CT CORPORATION SYSTEM

4701 COX RD

GLEN ALLEN, VA 23060-6802

SCC ID NO: **F0025777**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	20,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

NY

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 15 MOUNTAIN VIEW RD
PO BOX 1615

CITY/ST/ZIP: WARREN, NJ 07061-1615

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	JOEL D ARONCHICK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	15 MOUNTAIN VIEW ROAD		
CITY/ST/ZIP/CO:	WARREN, NJ 07059-		
NAME:	W. BRIAN BARNES	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIR/VP		
ADDRESS:	15 MOUNTAIN VIEW RD		
CITY/ST/ZIP/CO:	WARREN, NJ 07059-		
NAME:	W ANDREW MACAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP/S		
ADDRESS:	15 MOUNTAIN VIEW RD		
CITY/ST/ZIP/CO:	WARREN, NJ 07059-		
NAME:	DOUGLAS A. NORDSTROM	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP/TREASURER		
ADDRESS:	15 MOUNTAIN VIEW ROAD		
CITY/ST/ZIP/CO:	WARREN, NJ 07059-		
NAME:	RICHARD G. SPIRO	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	15 MOUNTAIN VIEW ROAD		
CITY/ST/ZIP/CO:	WARREN, NJ 07059-		

NAME:	PATRICIA TOMCZYK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	15 MOUNTAIN VIEW ROAD		
CITY/ST/ZIP/CO:	WARREN, NJ 07059-		
NAME:	JON C. BIDWELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	15 MOUNTAIN VIEW ROAD		
CITY/ST/ZIP/CO:	WARREN, NJ 07059-		
NAME:	MARK JAMES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	15 MOUNTAIN VIEW ROAD		
CITY/ST/ZIP/CO:	WARREN, NJ 07059-		
NAME:	JOHN J. KENNEDY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	15 MOUNTAIN VIEW ROAD		
CITY/ST/ZIP/CO:	WARREN, NJ 07059-		
NAME:	HAROLD L. MORRISON, JR.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	15 MOUNTAIN VIEW ROAD		
CITY/ST/ZIP/CO:	WARREN, NJ 07059-		
NAME:	GAIL W. SOJA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	15 MOUNTAIN VIEW ROAD		
CITY/ST/ZIP/CO:	WARREN, NJ 07059-		
NAME:	PETER J. TUCKER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	55 WATER STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10041-		
NAME:	JEFFREY A. UPDYKE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	555 LONG WHARF DRIVE		
CITY/ST/ZIP/CO:	NEW HAVEN, CT 06511-		
NAME:	PAUL J. KRUMP	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	15 MOUNTAIN VIEW ROAD		
CITY/ST/ZIP/CO:	WARREN, NJ 07059-		
NAME:	DINO E. ROBUSTO	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	15 MOUNTAIN VIEW ROAD		
CITY/ST/ZIP/CO:	WARREN, NJ 07059-		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			

<u>/s/ PATRICIA TOMCZYK</u>	<u>PATRICIA TOMCZYK, ASST</u>	<u>6/15/2011</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		